

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10541944

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4		3					54							
5		3					55							
6		3					56							
7		3					57							
8		3					58							
9		3					59							
10		3					60							
11		3					61							
12		3					62							
13		3					63							
14		3					64							
15		3					65							
16	1						66							
17		2					67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	30						TOTAL CLAIMS							